

| POSITION | INITIALS | ID NO. | DATE | |
|---------------------------|------------------|--|----------------------------|--|
| FEE DETERMINATION | | | | |
| O.I.P.E. CLASSIFIER | | | | |
| FORMALITY REVIEW | | | | |
| RESPONSE FORMALITY REVIEW | | | | |
| RESPONSE | ✓ = — ÷ | Rejected Allowed (Through numeral)... Canceled Restricted | 59 1115 1071 1109 | 821 08-30-01 03/20/02 4-16-02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|-------|----------|
| Final | Original |
| 1 | ✓ V V V |
| 2 | ✓ V V V |
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| Claim | Date |
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| Final | Original |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here